

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SYNERGY PAC

ADDRESS (number and street)

6849 Old Dominion Drive

Suite 222

☐Check if different  
than previously  
reported. (ACC)

McLean

VA

22101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409623

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Leslie J. Kerman

Signature of Treasurer

Electronically Filed by Leslie J. Kerman

Date

07

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		73061.70
(b) Cash on Hand at Beginning of Reporting Period .....	73061.70	
(c) Total Receipts (from Line 19) .....	76500.00	76500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	149561.70	149561.70
7. Total Disbursements (from Line 31) .....	55628.65	55628.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	93933.05	93933.05
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2500.00	2500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	74000.00	74000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	76500.00	76500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	76500.00	76500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	76500.00	76500.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	51128.65	51128.65	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	51128.65	51128.65	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55628.65	55628.65	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55628.65	55628.65	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	76500.00	76500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76500.00	76500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51128.65	51128.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51128.65	51128.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)

Douglas B. Davenport

Mailing Address 3721 North Vermont Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.6390

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Scott D. Gunn

Mailing Address 130 Prospect Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gtech

Occupation

Senior VP - Global Govt. Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.6392

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James D. Miller

Mailing Address 2275 Niderer Road

City

Paso Robles

State

CA

Zip Code

93446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avue Technologies

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.6394

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)

Christopher G. Shaban

Mailing Address 4 Grundys Way

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gtech

Occupation

VP, US Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.6396

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address **777 6th Street, NW  
Suite 200**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 3 0 / 2 0 1 1**

**Transaction ID: SA11C.6403**

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED**

Mailing Address **1625 L STREET NW**

City State Zip Code  
**WASHINGTON DC 20036**

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 2 1 / 2 0 1 1**

**Transaction ID: SA11C.6398**

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**BOEING POLITICAL ACTION COMMITTEE**

Mailing Address **1200 Wilson Blvd**

City State Zip Code  
**Arlington VA 22209**

FEC ID number of contributing  
federal political committee.

**C** C00142711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 3 0 / 2 0 1 1**

**Transaction ID: SA11C.6401**

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEEMailing Address 1500 Market Street  
35th FloorCity State Zip Code  
Philadelphia PA 19102FEC ID number of contributing  
federal political committee.**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11C.6340

Amount of Each Receipt this Period

1000.00

Contribution

**B.**Full Name (Last, First, Middle Initial)  
CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEEMailing Address 207 HIGH POINT DRIVE  
BUILDING 100City State Zip Code  
VICTOR NY 14564FEC ID number of contributing  
federal political committee.**C** C00304832

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11C.6388

Amount of Each Receipt this Period

2500.00

Contribution

**C.**Full Name (Last, First, Middle Initial)  
FUELCELL ENERGY INC PAC

Mailing Address 3 GREAT PASTURE ROAD

City State Zip Code  
DANBURY CT 06813FEC ID number of contributing  
federal political committee.**C** C00204180

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.6404

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.  
Suite 100

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing  
federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11C.6333

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
HARTFORD ADVOCATES FUND, THE

Mailing Address One Hartford Plaza  
HARTFORD PLAZA

City State Zip Code  
Hartford CT 06155

FEC ID number of contributing  
federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11C.6335

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA POLITICAL ACTION COMMITTEE (INDIABAC)

Mailing Address 412 First Street, SE, Suite 300

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11C.6387

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.** Full Name (Last, First, Middle Initial) **INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION**

Mailing Address **1750 New York Ave NW**

City State Zip Code  
**Washington DC 20006**

FEC ID number of contributing  
federal political committee.

**C** C00029447

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 0 8 / 2 0 1 1**

**Transaction ID: SA11C.6339**

Amount of Each Receipt this Period

2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial) **LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address **175 BERKELEY STREET**

City State Zip Code  
**BOSTON MA 02117**

FEC ID number of contributing  
federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 3 0 / 2 0 1 1**

**Transaction ID: SA11C.6406**

Amount of Each Receipt this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial) **LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **1550 Crystal Drive  
Suite 300**

City State Zip Code  
**Arlington VA 22202**

FEC ID number of contributing  
federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 0 8 / 2 0 1 1**

**Transaction ID: SA11C.6337**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.** Full Name (Last, First, Middle Initial) **NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)** Date of Receipt

Mailing Address **1325 Massachusetts Ave. NW**

City State Zip Code  
**Washington DC 20005**

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

M M / D D / Y Y Y Y Y  
**0 5 / 1 2 / 2 0 1 1**

**Transaction ID: SA11C.6384**

Amount of Each Receipt this Period

5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial) **NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE** Date of Receipt

Mailing Address **1771 N Street NW**

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C** C00009985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

M M / D D / Y Y Y Y Y  
**0 6 / 3 0 / 2 0 1 1**

**Transaction ID: SA11C.6402**

Amount of Each Receipt this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial) **NEA FUND FOR CHILDREN AND PUBLIC EDUCATION** Date of Receipt

Mailing Address **1201 16th St NW Ste 420**

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C** C00003251

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 5 / 0 2 / 2 0 1 1**

**Transaction ID: SA11C.6342**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
NESTLE WATERS NORTH AMERICA INC. PAC

Mailing Address 900 LONG RIDGE RD. BUILDING 2

City State Zip Code  
STAMFORD CT 06902

FEC ID number of contributing  
federal political committee. **C** C00302943

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11C.6385

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing  
federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11C.6336

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing  
federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.6399

Amount of Each Receipt this Period

3000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
PITNEY BOWES INC POLITICAL ACTION COMMITTEE

Mailing Address 1 Elmcroft Road  
MSC 6423

City State Zip Code  
Stamford CT 06926

FEC ID number of contributing  
federal political committee. **C** C00339499

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.6400

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K Street, NW  
Suite 800W

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11C.6334

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd  
Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.6405

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)

UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

**C**

C00064766

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11C.6341

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

74000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6354</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6351</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6353</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**12000.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees and Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6350</p> <p>Date of Disbursement 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 4018.87</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees and Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6349</p> <p>Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 4019.38</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Travel and Event Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6416</p> <p>Date of Disbursement 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 5776.36</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

13814.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees and Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6415</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 4019.81</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, N.W. Suite #300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising: Fees and Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6414</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 4023.18</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Ft. Lauderdale State FL Zip Code 33329-7812</p> <p>Purpose of Disbursement See Memo Below.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6361</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 513.18</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8556.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Poste Brasserie Mailing Address 555 8th Street	<b>Transaction ID:</b> SB21B.6361.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20004 Purpose of Disbursement PAC Event: Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>513.18</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 297812 City Ft. Lauderdale State FL Zip Code 33329-7812 Purpose of Disbursement See Memo Below. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6359 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>481.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Poste Restaurant Mailing Address 700 F Street, NW City Washington State DC Zip Code 20004 Purpose of Disbursement PAC Event: Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6359.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>481.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

481.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 297812	<b>Transaction ID:</b> SB21B.6356 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	1	1													
City Ft. Lauderdale State FL Zip Code 33329-7812 Purpose of Disbursement See Memo Below. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>487.83</td> </tr> </table>	487.83																				
487.83																						
<b>B.</b> Full Name (Last, First, Middle Initial) Poste Restaurant Mailing Address 700 F Street, NW City Washington State DC Zip Code 20004 Purpose of Disbursement PAC Event: Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6356.0 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>487.83</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	1	487.83
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	1		2	0	1	1													
487.83																						
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 297812 City Ft. Lauderdale State FL Zip Code 33329-7812 Purpose of Disbursement See Memo Below. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6377 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2843.93</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1	2843.93
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	1	1													
2843.93																						

**SUBTOTAL** of Disbursements This Page (optional) .....

3331.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) El Dorado Hotel	<b>Transaction ID:</b> SB21B.6377.0 <b>Date of Disbursement</b>
Mailing Address 405 First Street West	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 1 1</div> </div>
City Sonoma State CA Zip Code 95476	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Fundraiser: Hotel Expenses	<div> <div></div> <div>2522.29</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Gloria Ferrer Caves & Vineyards	<b>Transaction ID:</b> SB21B.6377.1 <b>Date of Disbursement</b>
Mailing Address 967 Broadway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Sonoma State CA Zip Code 95476	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Fundraiser: Catering	<div> <div></div> <div>321.64</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.6408 <b>Date of Disbursement</b>
Mailing Address P.O. Box 297812	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City Ft. Lauderdale State FL Zip Code 33329-7812	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement See Memo Below.	<div> <div></div> <div>442.13</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**442.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Poste Restaurant

Mailing Address 700 F Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
PAC Event: Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6408.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

442.13

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 297812

City Ft. Lauderdale State FL Zip Code 33329-7812

Purpose of Disbursement  
See Memo Below.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1698.15

**C.**

Full Name (Last, First, Middle Initial)  
Acqua AL 2

Mailing Address 212 7th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Fundraiser: Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6411.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1698.15

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

1698.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Dr.  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
PAC Mang't./Compliance: Fees and Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Dr.  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
PAC Mang't./Compliance: Fees and Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Dr.  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
PAC Mang't./Compliance: Fees and Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6345

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**5325.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6348</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1775.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6346</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1794.60"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.6410</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1818.60"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5388.20**

**TOTAL** This Period (last page this line number only) .....

**51037.02**



	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**4500.00**